Application Instructions

Thank you for your interest in Skagit/Islands Head Start & ECEAP! Our program offers educational and family services to pregnant women and eligible children age 0 to 5. To qualify your child must be age eligible AND your family must be income or categorically eligible. All services are free.

Please complete all application questions to the best of your knowledge. The information you provide will be kept confidential and will be used to determine your eligibility for the program. Applications may be returned to your local center (see contact list on page 2) or submitted via fax or mail to our central office. You may also apply online by visiting our website at www.sihs.skagit.edu.

Once your application is received a staff member will contact you to schedule an eligibility appointment. At that time we will need to see proof of your child’s age and your family’s income.

Your child’s date of birth can be verified with one of the following document:

- Adoption papers
- Birth certificate
- Court documents
- Foster Care authorization letter
- Medical record of birth/hospital record
- TANF award letter
- Social Security benefit statement
- Child Support Statement/Order
- Military Leave and Earning Statement (LES)
- Financial Aid Award Letter(s)
- Self-declaration statements are acceptable under some conditions

*A copy of the following can be used as proof of your family income:

- Public Assistance (TANF OR SSI) Award Letter
- Tax Return for the past year
- W2 Form(s) for the past year
- Employers statement with total gross earnings for the past 12 months
- Unemployment Benefit Letter
- Social Security benefit statement
- Child Support Statement/Order
- Military Leave and Earning Statement (LES)
- Financial Aid Award Letter(s)
- Self-declaration statements are acceptable under some conditions

Program Options

Please review the program options and indicate which would best meet your family’s needs.

<table>
<thead>
<tr>
<th>Early Head Start (EHS)</th>
<th>Preschool Head Start (PHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EHS Prenatal Home Based</td>
<td>□ PHS Part Day Classroom</td>
</tr>
<tr>
<td>□ EHS Home Based</td>
<td>- Centers in Skagit, Island, and San Juan county</td>
</tr>
<tr>
<td>- For children ages birth to 3 years old.</td>
<td>- For children 3 or 4 years old by August 31 of the current enrollment year</td>
</tr>
<tr>
<td>- 1 ½ hour home visit once a week</td>
<td>- 3 ½ hour class 4 days a week (Sep.-May)</td>
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<tr>
<td>- Play groups twice a month</td>
<td>- Home visits throughout the year</td>
</tr>
<tr>
<td>□ EHS Toddler Part Day Classroom</td>
<td>□ PHS Full Day Classroom</td>
</tr>
<tr>
<td>- Center/Home Based Combination</td>
<td>- Classrooms located at Washington and CFLC</td>
</tr>
<tr>
<td>- 3 ½ hour class 2 days a week (September-June)</td>
<td>- Priority for working parents and SVC students</td>
</tr>
<tr>
<td>- 1 ½ hour home visit twice a month (year round)</td>
<td>- For children 3 or 4 years old by August 31 of the current enrollment year</td>
</tr>
<tr>
<td>□ EHS Toddler Full Day Classroom</td>
<td>- 6 hour class 5 days a week (Sep.-June)</td>
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<tr>
<td>- Washington center only</td>
<td>- Home visits throughout the year</td>
</tr>
<tr>
<td>- Priority for working parents and SVC students</td>
<td>- 6 hour class 5 days a week (Sep.-June)</td>
</tr>
<tr>
<td>- 6 ¼ hour class 5 days a week (year round)</td>
<td>- Home visits throughout the year</td>
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</table>
## SKAGIT COUNTY

**BURLINGTON**
*Burlington-Edison Child Development Center*
Located at Westview Elementary  
515 W. Victoria Ave.  
(360) 755-0904

**MOUNT VERNON**
*Child and Family Learning Center (CFLC)*
Full day classes (6 hours) M-F  
1919 N. LaVenture Rd.  
(360) 416-6694

*Rosewood Preschool (Coordinated with SPARC)*  
3109 Rosewood Ct.  
(360) 416-7590

*Pacific Place Head Start/Early Head Start*
320 Pacific Pl.  
(360) 416-7590 (ext. 122)

*Madison Head Start*
Located at Madison Elementary School  
907 E. Fir St.  
(360) 461-7590 (ext. 100)

*Washington Head Start/Early Head Start*
Full day classes (6 hours) M-F  
Located at Washington Elementary School  
1020 McLean Rd.  
(360) 428-6124

## ISLAND/SAN JUAN COUNTY

**FRIDAY HARBOR**
*San Juan Head Start*
Located at Friday Harbor Elementary School  
97 Grover St.  
(360) 378-6030

**OAK HARBOR**
*Hand in Hand Early Learning Center*
600 Cherokee St.  
(360) 279-5941

*Whidbey Early Head Start*
Located at Oak Harbor Elementary School  
151 SE Midway Blvd.  
(360) 679-4784

**CONCRETE**
*Concrete Head Start*
7838 S. Superior Ave.  
(360) 853-7209

**SEDRO WOOLLEY**
*Sedro Woolley Head Start*
Located at Evergreen Elementary School  
1011 McGarigle Rd.  
(360) 856-4994

**LA CONNER ECEAP**
*Susan Wilbur Early Education Center*
17275 Reservation Rd.  
(360) 466-7345

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Return application to the Central Office at 320 Pacific Place in Mount Vernon or call 360-416-7590 for more information.
SECTION A. CHILD INFORMATION (If applying for prenatal services you may skip this section)

Last Name: ___________________________________________ Middle Initial: ____ First Name: __________________________

Date of Birth: ___________ Gender: □ Male □ Female Telephone: __________________________

Address __________________________________ Apt. Name/Number

City ___________ Zip ___________ Language your child primarily speaks at home:

How do you identify your child's race(s)/ethnicity?

Has your child attended a Head Start or Early Head Start program within the last year? □ Yes □ No
If yes, name of program:

Is your child attending a licensed child care program? □ Yes □ No If yes, where:

SECTION B. FAMILY INFORMATION

Are you applying for prenatal services? □ Yes □ No If yes, what is your due date: __________________________

How did you hear about our program? □ Family/Friends □ Healthcare Provider □ Online/social media □ WIC/Comm. Action □ School District □ Community event □ Other: __________________________

Family Type: □ One parent/guardian □ Two parents/guardians □ Single parent living with partner □ Foster family or relative placement

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<thead>
<tr>
<th>PARENT/GUARDIAN</th>
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<td>(The person signing the application should complete this section)</td>
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Name: __________________________

Date of birth: ___________ Gender: □ Male □ Female

Relationship to the child: __________________________

Address (if different than child): __________________________

Mailing Address (if different): __________________________

Primary Phone: __________________________

□ Home □ Cell □ Work □ Message

Secondary Phone: __________________________

□ Home □ Cell □ Work □ Message

Email Address: __________________________

Race/Ethnicity: __________________________

What language(s) do you speak? __________________________

Do you need an interpreter? □ Yes □ No

Are you in active U.S. military duty? □ Yes □ No

Are you a U.S. military veteran? □ Yes □ No

Are you in school/job training at Skagit Valley College? □ Yes □ No

What is your employment status? □ Full Time □ Part Time □ Seasonal □ Retired/Disabled □ Unemployed

What is your highest education level completed?

□ Grade 9 or less □ GED

□ Grade 10 □ Training Certificate

□ Grade 11 □ Associate Degree

□ Grade 12 (no diploma) □ Bachelor Degree

□ High School Graduate □ Master's Degree

□ Grade 9 or less □ GED

□ Grade 10 □ Training Certificate

□ Grade 11 □ Associate Degree

□ Grade 12 (no diploma) □ Bachelor Degree

□ High School Graduate □ Master’s Degree

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SECTION C. CHILD’S HEALTH AND DEVELOPMENT INFORMATION

Is your child receiving services for a diagnosed disability? □Yes □No  If yes, who provides the services?

Do you have concerns about your child’s development (i.e. speech, behavior, gross/fine motor)? □Yes □No
If yes, explain: ____________________________________________________________

Do you have any other concerns about your child’s health? □Yes □No  If yes, explain: __________________________________________________________

Does your child have medical insurance? □Yes □No  If yes, what type: □ Apple Health/Provider One □ Tri-Care □ Private

Does your child have dental insurance? □Yes □No  If yes, what type: □ Apple Health/Provider One □ Tri-Care □ Private

Has your child been diagnosed by a health care provider with any of the conditions listed below? □Yes □No
□ Asthma □ Diabetes □ Seizures □ Heart Condition □ Food allergies (list): __________________________
□ Non Food Allergies (list): __________________________  Other: __________________________

SECTION D. ELIGIBILITY INFORMATION

PLEASE LIST ALL ADDITIONAL CHILDREN AND ADULTS LIVING IN THE HOUSEHOLD

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Date of Birth</th>
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Is your family currently receiving TANF cash assistance? □Yes □No  Do you receive a child-only TANF grant? □Yes □No

Are you or anyone in your family receiving Supplemental Security Income (SSI)? □Yes □No

<table>
<thead>
<tr>
<th>Family member receiving income</th>
<th>Amount</th>
<th>Per (i.e. week, month, year)</th>
<th>Annual Amount</th>
<th>Source of Income (Employment, Unemployment Benefits, Child Support, Public Assistance, etc.)</th>
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<tbody>
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SECTION E. FAMILY NEEDS (Check if the following stress factors apply to you and/or your family)

□ Living in a temporary shelter or sharing housing due to economic hardship
□ Recent death of an immediate family member
□ Parent Incarcerated, on probation/parole
□ Family member has a diagnosed disability or chronic medical condition
□ Family member receiving substance abuse/mental health treatment
□ Currently receiving services from Child Protective Services (CPS) or Family Assessment Response (FAR)
□ Received CPS or FAR services in the past
□ Domestic violence in the home
□ New to the area with a very limited support system
□ Other: ___________________________________________

I verify that the information I have provided in this application is accurate and truthful to the best of my knowledge. I understand that this is an application ONLY and does not guarantee my child’s enrollment. Inaccurate, untruthful, or fraudulent information could result in my child’s disenrollment from Skagit/Islands Head Start & ECEAP.

PARENT SIGNATURE: ___________________________________________ DATE: ____________________________

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